


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A28913					
1. Entity Name KENDALL HAMMOCKS, LTD.					
Principal Place of Business 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146			Mailing Address 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0147070				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01072004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent SHANE, MARTIN H 1550 MADRUGA AVE., STE 230 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$500,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L11952		STREET ADDRESS		
NAME	KENDALL HAMMOCKS, INC.		CITY-ST-ZIP		
STREET ADDRESS	1550 MADRUGA AVENUE				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
DOCUMENT #			STREET ADDRESS	U000000097151	
NAME			CITY-ST-ZIP	03/26/04-80027-020 526.25	
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u>Peter A. Roberts, ST</u>			PETER A. ROBERTS		3/10/04 305-667-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE